Patient Portal User Guide New Patients

- 1. Inform the front desk that you would like to create an online patient portal account. You will be selecting a user id so please store the id in a place where you can remember it.
- 2. Check your email for Elite Cardiovascular Group Portal Login Information
- 3. Click on the second orange button called Set Up Portal Account

Dear Sherlock Holmes ,
We have exciting news regarding your health care!
As we continue in our efforts to provide you, our patients, with the highest quality of care, we are constantly looking for methods of working together with you to ensure that you are not only aware of but also involved in the maintenance and improvement of your health.
To that end, we are proud to announce that our practice now offers you the opportunity to use the power of the web to track all aspects of your health care through our office. The Patient Portal enables our patients to communicate with our practice easily, safely, and securely over the Internet.
Patient Portal URL: https://health.healow.com/elitecardiovascular or use Portal Link
Usemame: Sherlock1
Set up Portal Account
Through the Patient Portal, you will be able to
ask questions of doctors, nurses, and staff members request prescription refills and referrals setup appointments examine your current and past statements
all from the comfort of your home, whenever it is convenient for you!
By using the Patient Portal you no longer have to call the office, leave a message, and wait for a response to get the results of your lab work; those results will be available to you on the Portal. You no longer have to call with a question or concern; you can send a message to the office through the Portal and expect a prompt reply.
Begin today to take an active role in managing your health care!
Let's Connect Via Our healow App Get started in 3 simple steps!

4. Select the Send Code Button



Welcome Sherlock Holmes,

Please select the phone number and the verification code will be sent to the selected number.



How would you like to receive a unique code?



5. You will receive a test message to your phone with the verification code. **Enter the code** and click **Verify**

Please enter the verification code we sent to your phone number *** - *** - 8601 Enter code Code is valid for 5 minutes or 6 attempts Didn't receive the code? Resend Code

Verification Code

Please enter the verification code you received



6. Select a password, enter it, and click **Next**. Make sure to write down the password in a place you can remember it.

	Reset	Password
--	-------	----------

Congratulations, You have authenticated yourself. Please Select your new Password. ReferPassword GuideLines to create secure passwords.

ł					



7. Select a security question and an answer and click on Next

Security questions

Select security question below. This question will help us verify your identity.

Customize your security question.
Security Question
Answer

Cancel	Next
--------	------

8. Read over the first Consent Form and click the Agree & Next button

Consent Form

Please acknowledge reading and accepting conditions in consent form.

ECLINICALWORKS... PRACTICE CONSENT FORM

ONLINE COMMUNICATION INFORMED CONSENT Instructions for Using Online Communication You agree to take steps to keep your online communication to and from your physician confidential, including the following: Do not store messages on your employer-provided computer; otherwise personal information could be accessed or owned by your employer. Use a screen saver or close your messages instead of leaving your messages on the screen for passersby to read and keep your password safe and private. Do not allow other individuals or other third parties access to the computer(s) in which you store medical communications. Do not use email for medical communications. Standard email lacks security and privacy features and may expose medical communications to employers or other unintended third parties. Withdrawal of this informed Concent must be



Read over the second Consent Form, mark the check box, and click Agree

Consent Form

Please acknowledge reading and accepting conditions in consent form.

ECLINICALWORKS... PRACTICE CONSENT FORM

Vishu Lammata MD Nikhil Nalluri MD NOTICE OF PRIVACY PRACTICES CONSENT FORM I understand that under the Health Insurance Portability and Accountability Act of 1966 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can be used to: * Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be in involved in the treatment directly and indirectly. * Obtain payment from third party payers. * Conduct normal healthcare operations such as the business aspects of running the practice on a daily. I understand that this organization has the right to change its privacy practices at anytime and that I may contact this practice at anytime to obtain a copy of the current " Notices of Privacy Practices". Lunderstand that I may request in writing that you restrict

I Have Read The Consent Form And The Above Information.



9. You will now be logged into the Patient Portal Home Page

